

Privacy Release Authorization Form

Date: _____

Full Name: _____

Mailing Address: _____

County: _____

Phone(1): _____

Email: _____

Phone(2): _____

Social Security Number: _____

Date of Birth: _____

Agency: _____

Tracking Numbers(VA Identification, CSA Number, IRS Number, INS Number):

Brief Description of Problem/Concern: _____

As required by Public Law 93-579, "Privacy Act", I hereby request and authorize Congressman Lincoln Davis and his staff to make any necessary inquiry and/or intercession on my behalf in connection with any matter I have pending with the following agency or program. I also authorize officials associated with the listed agency or program to release any relevant or necessary information to Congressman Lincoln Davis and members of his official staff.

_____/_____/_____
Signature Date

Mail to district office closest to you:

Congressman Lincoln Davis PO Box 964 Jamestown, TN 38556	Congressman Lincoln Davis PO Box 88 Rockwood, TN 37854	Congressman Lincoln Davis 1804 Carmack Blvd., Suite A Columbia, TN 38401
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